

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED SUBJECT INFORMATION REASON FOR USE OF FORCE (Check all that apply)	1. DATE OF INCIDENT 01-JUN-2014	TIME 01:35:00	2. ADDRESS OF OCCURRENCE 1537 N TALMAN AVE CHICAGO, IL 60622	3. LOCATION CODE 303	4. BEAT/OCCUR 1423	5. VIDEO RECORDED INCIDENT 01 BWC <input type="checkbox"/> 02 IN-CAR CAMERA <input type="checkbox"/> 03 OTHER REPT VIDEO <input type="checkbox"/>		
	6. POSITION 9161	7. LAST NAME RIDGE	8. FIRST NAME MARTIN E	9. STAR NO. 7538	10. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	11. RACE CODE WHI	12. AGE 601	13. HT. 195
	15. DATE OF APPT. 21-JUN-1999	16. EMPLOYEE NO. [REDACTED]	17. UNIT & BEAT OF ASSIGNMENT 014 1423R	18. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	19. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	20. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		
	21. LAST NAME RODRIGUEZ	22. FIRST NAME OSCAR	23. M.I. [REDACTED]	24. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	25. RACE WWH	26. D.O.B. 05-JAN-1983	27. HT. 508	28. WT. 175
	29. ADDRESS 3416 S UNION AVE CHICAGO, IL 60616	30. TELEPHONE NO. [REDACTED]	31. WAS SUBJECT ARMED? VERBAL THREAT (ASSAULT) <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	32. SUBJECT INJURED BY MEMBER? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	33. SUBJECT ALLEGED INJURY BY MEMBER? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			
	34. IF SUBJECT INJURED, DESCRIBE INJURY <input type="checkbox"/> 01 Fatal <input type="checkbox"/> 02 Non-Fatal - Major Injury <input type="checkbox"/> 03 Non-Fatal - Minor Injury <input type="checkbox"/> 04 Non-Apparent/None	35. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]	36. BY WHOM? [REDACTED]	37. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid				
	38. CHARGES PLACED 720 ILCS 5.0/12-2-A-16, 720 ILCS 5.0/12-2-A-16	39. CB NO. 18905517	40. PASSIVE RESISTER DID NOT FOLLOW VERBAL DIRECTION STIFFENED (DEAD WEIGHT) OTHER _____	41. ACTIVE RESISTER FLED PULLED AWAY OTHER _____	42. ASSAILANT: ASSAULT IMMINENT THREAT OF BATTERY OTHER PERCEIVED AS _____	43. ASSAILANT: BATTERY ATTACK WITH WEAPON ATTACK WITHOUT WEAPON OTHER _____	44. ASSAILANT: DEADLY FORCE USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM WEAPON OTHER _____ PERCEIVED AS _____	
	45. MEMBER'S RESPONSE MEMBER PRESENCE VERBAL COMMANDS ESCORT HOLDS WRISTLOCK ARMBAR PRESSURE SENSITIVE AREAS CONTROL INSTRUMENT OC/CHEMICAL WEAPON W/AUTHORIZATION LRAD WITH AUTHORIZATION OTHER _____	46. WEAPON TYPE 01 REVOLVER 02 RIFLE 03 SHOTGUN 04 SEMI-AUTO PISTOL 05 CHEMICAL WEAPON 06 TASER (Probe Discharge) 07 OTHER	47. INCIDENT OCCURRED Indoors <input checked="" type="checkbox"/> Outdoors	48. LIGHTING CONDITIONS <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial	49. WEATHER CONDITIONS CLEAR			
	50. MAKE/MANUFACTURER [REDACTED]	51. MODEL [REDACTED]	52. BARREL LENGTH [REDACTED]	53. CALIBER/GAUGE [REDACTED]				
	54. TASER DART ID NO. [REDACTED]	55. WEAPON SERIAL NO. (Include Letters) [REDACTED]	56. CHICAGO GUN REG NO. [REDACTED]	57. IL FIREARM OWNER ID. NO. [REDACTED]	58. HANDGUN CERTIFICATE NO. [REDACTED]			
59. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]	60. PROPERTY INVENTORY NO. [REDACTED]	61. TYPE OF AMMUNITION USED [REDACTED]	62. NO. OF WEAPONS DISCHARGED BY THIS MEMBER [REDACTED]	63. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED]				
64. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER	65. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	66. NO OF CARTRIDGES/SHOT SHELLS RELOADED [REDACTED]	67. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	68. OTHER (Specify) [REDACTED]				
69. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW	70. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO							
71. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]	72. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT <input type="checkbox"/> 02 5 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.							
73. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 SUBJECT <input type="checkbox"/> 03 ANIMAL <input type="checkbox"/> 05 SUBJECT & OTHER CATEGORY <input type="checkbox"/> 07 NONE <input type="checkbox"/> 02 OTHER PERSON <input type="checkbox"/> 04 OBJECT <input type="checkbox"/> 06 UNKNOWN <input type="checkbox"/> 08 ANY OTHER COMBINATION	74. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (Specify) <input type="checkbox"/> 1081170							
75. EVENT NO 1415201394	76. R. NO HX284801							

CASE INFORMATION	77. NOTIFICATIONS (ALL INCIDENTS): <input type="checkbox"/> IMMEDIATE SUPERVISOR <input type="checkbox"/> DSS OF DISTRICT OF OCCURRENCE NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> CPIC NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT): <input type="checkbox"/> OEMC Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.			
	78. ADDITIONAL INFORMATION			
SIGNATURES	79. REPORTING MEMBER (Print Name) RIDGE, MARTIN E 01-JUN-2014 09:07:01		STAR/EMPLOYEE NO.	SIGNATURE
	STAR NO.	7538	SIGNATURE	DATE REVIEWED TIME
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.				
80. REVIEWING SUPERVISOR (Print Name) SHOUSE, THOMAS P		STAR NO.	87	SIGNATURE
				DATE REVIEWED TIME
				04-JAN-2017 18:42:30

4415201394

HX284801

753870

76.RD.NO

LOG# 1081170
 Attachment 13

LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEW AND APPROVAL OF ALL TRRS FROM THE SAME INCIDENT: 1. THE EXEMPT-LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL. (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE DEATH OF ANY INDIVIDUAL. (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRRS FOR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY. (B) AN ACCIDENTAL WEAPONS DISCHARGE WITH NO INJURY. (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. (3) THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS.

81. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

This incident occurred in 2014

DNA

REFUSED

INTERVIEW NOT CONDUCTED (Specify Reason)

82. LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

The undersigned is NOT making any determination in this case. R/Capt was not part of the arrest nor was he witness to the use of force. R/Capt is approving this case to verify its completeness only.

83. LIEUTENANT OR ABOVE/INCIDENT COMMANDER UBE ONLY

I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN G03-02-05

84. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION

INDEPENDENT POLICE REVIEW AUTHORITY (IPRA) NOTIFIED.

LOG NO. _____ OBTAINED

85. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)

SHOUSE, THOMAS P

86. TRR _____ OF _____ TRR(S)

87. DISTRIBUTION OF TRR:

IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION:

1. THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, RECORDS DIVISION - TO BE INCLUDED WITH THE CORRESPONDING CASE FILE
2. A COPY OF THE PAPER TRR WILL BE FORWARDED TO:
 - A. INDEPENDENT POLICE REVIEW AUTHORITY, AND
 - B. COMMANDER, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY INTO THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION

SIGNATURE

DATE COMPLETED

TIME

04-JAN-2017 18:54:08

LOG# 1081170
Attachment 13